



Taddle Creek

Family Health Team

MEDICAL DIRECTIVE

Title: Administration of Vaccines/Injectable Substances, Laboratory Requisition for Immunity Testing and Prescribing of Hepatitis Vaccines

Number: TCFHT-MD15

Activation Date: 09-Sep-2014 **Review Date:** 01-Apr-2026

Next Review: 01-Apr-2027

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Order and/or Delegated Procedure:	Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title:
The implementers may, in accordance with the conditions identified in this directive: <ul style="list-style-type: none">• administer vaccinations and other injectable substances• order bloodwork to test for immunity to vaccine-preventable diseases• prescribe Hepatitis A and Hepatitis B vaccines	
Recipient Patients:	Appendix Attached: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Appendix A – Authorizer Approval Form
Recipients must: <ul style="list-style-type: none">• Be active patients of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form• Meet the conditions identified in this directive• For immunizations and injectable substances, be 2 months of age or older and require one or more of the following vaccines/substances:<ul style="list-style-type: none">○ Abilify Maintena dose varies by patient – administered IM○ Allergy shots dose varies by patient – administered SC	

- Vitamin B12 **dose varies by patient** – administered **IM**
- Delatestryl **dose varies by patient** – administered **IM**
- Denosumab **1ml (60mg) SC**
- Depo-Provera **150 mg/ml** – administered **IM**
- Depo-Testosterone **dose varies by patient** – administered **IM**
- Diphtheria, Tetanus, Acellular Pertussis, Inactivated Poliovirus and *Haemophilus influenzae* type b **0.5ml IM**
- Diphtheria, Tetanus, Acellular Pertussis and Inactivated Poliovirus **0.5ml IM**
- Diphtheria, Tetanus and Acellular Pertussis **0.5ml IM**
- Diphtheria and Tetanus **0.5ml IM**
- *Haemophilus influenzae* type b **0.5ml IM**
- Hepatitis A:
 - Avaxim
 - 6 months – 15 yrs **0.5ml (80 antigen units HA) IM**
 - 12 yrs+ **0.5ml (160 antigen units HA) IM**
 - Havrix
 - 6 months – 18 yrs **0.5ml IM**
 - 19 yrs+ **1.0ml IM**
 - Vaqta
 - 6 months – 17 yrs **0.5ml IM**
 - 18 yrs+ **1.0ml IM**
- Hepatitis B
 - Engerix-B
 - Neonates – 19 yrs **0.5ml IM**
 - 11-15 yrs, 20 yrs+ **1.0ml IM**
 - Recombivax HB
 - Neonates – 19 yrs **0.5ml IM**
 - 11-15 yrs, 20 yrs + **1.0ml IM**
- Hepatitis A/Hepatitis B
 - Twinrix Jr.
 - 6 months – 18 yrs **0.5ml IM**
 - Twinrix
 - 6 months – 15 yrs, 19 yrs+ **1.0ml IM**
- Human Papillomavirus **0.5ml IM**
- Invega **dose varies by patient** – administered **IM**
- Measles, Mumps and Rubella **0.5ml SC**
- Measles, Mumps, Rubella and Varicella **0.5ml SC**
- Meningococcal B **0.5ml IM**
- Meningococcal Conjugate C **0.5ml IM**
- Meningococcal Conjugate ACYW-135 **0.5ml IM**
- Nirsevimab **dose varies by patient**
- Penicillin G Benzathine **dose varies by patient** – administered **IM**
- Pneumococcal Conjugate 15-valent **0.5ml IM**
- Pneumococcal Conjugate 20-valent **0.5ml IM**
- Inactivated Poliomyelitis **0.5ml SC**
- Rabies **1.0 ml IM**
- Rabies Immunoglobulin **20 IU/kg body weight**

- Respiratory syncytial virus **0.5ml IM**
 - Romosozumab **1.17ml (105mg) SC**
 - Rotavirus
 - Rotarix **1.5 ml PO**
 - Rotateq **2ml PO**
 - Salmonella typhi **0.5ml IM** Varicella **0.5ml SC**
 - Varicella-Zoster **0.5ml IM**
- For laboratory requisition and prescribing of Hepatitis A and Hepatitis B vaccines, be 16 years of age or older
 - For laboratory requisition only, require serologic proof of immunity to any of the following: measles, mumps, rubella, varicella, hepatitis A and hepatitis B

Authorized Implementers:**Appendix Attached:** ___ No X Yes**Title:** Appendix B – Implementer Approval Form

Appendix C – Additional Voluntary Preparation

Implementers must be TCFHT-employed Regulated Health Care Providers.

Implementers must complete the following preparation and sign the Implementer Approval Form:

- Demonstrate clinical competence and knowledge to supervising physician(s) and/or nurse practitioner(s) and be observed on at least 3 occasions while implementing this medical directive
- Review and be familiar with the *Publicly Funded Immunization Schedules for Ontario – June 2022*, accessible from:
<https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf>
- Review and be familiar with the *Canadian Immunization Guide*, accessible from:
<https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
- Review and be familiar with the most current clinical practice guidelines for reducing pain in immunization as per “Reducing pain during vaccine injections: clinical practice guideline” in the *Canadian Medical Association Journal*, accessible from:
<https://www.cmaj.ca/content/cmaj/187/13/975.full.pdf>
- Review most current guidelines for anaphylaxis management in the *Canadian Immunization Guide, Part 2 – Vaccine Safety: Anaphylaxis and other Acute Reactions following Vaccination*, accessible from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html>

In addition, Registered Pharmacist implementers must complete an Ontario College of Pharmacists (OCP)-approved injection training course and must register their training with the OCP.

Certification in CPR (minimum level C plus AED training) is *recommended*, but not mandatory for the implementation of this directive.

Note: Implementers may opt to complete further preparation with the readings found in Appendix C.

Indications:**Appendix Attached:** ___ No X Yes**Title:** Appendix D – Contraindications and Precautions;
Appendix E – Guidelines for the Interval Between
Administration of Blood Products and Live Vaccines

1. The implementers are authorized to administer vaccines and injectable substances to any patients, aged 2 months and older, as recommended in the National Advisory Committee on Immunization (NACI) guidelines and with reference to the *Publicly Funded Immunization Schedules for Ontario – June 2022*. If receiving more than one vaccine/injectable substance at one time, the implementer will ensure there is no interaction between the vaccines and/or injectable substances. The implementer will consult with a physician or nurse practitioner if any contraindication to receiving the vaccine/injectable substance is identified in the initial screening. After consultation, if the vaccine or injectable substance is to be given, the physician or nurse practitioner will review the implementer's documentation in the EMR and will document his/her own assessment as well.

Contraindications to vaccines and injectable substances:

- Severe acute illness with or without a fever
- History of severe allergic reaction with previous dose of the vaccine/substance or allergy to one or more of its components
- Pregnancy or immunosuppression (live vaccines only)
- Patient has a contraindication specific to a particular vaccine/injectable substance as per product monograph and/or appendices

Precautions for vaccines and injectable substances:

- Moderate acute illness with or without a fever; benefits and risks of immunizing should be weighed
- Febrile or has been febrile in the past 24-48 hours
- Rash
- GI illness
- Pregnancy
- Immunosuppression
- Patient has received blood products or immune globulin (Ig) preparations in the last 12 months (refer to Appendix E for timing intervals)

When to defer live-virus vaccines:

- If the patient requires a TB skin test (TST) within 4 weeks, defer live-virus vaccine until after TST is complete as the vaccine may temporarily depress the reactivity to TST and cause a false negative result. If patient unable to defer, administer live-virus vaccine on the same day as the TST but at a different site.
- If the patient will be receiving blood products or immune globulin (Ig) preparations in the next 14 days, as per Appendix E.

2. The implementers are authorized to complete a laboratory requisition for measles, mumps, rubella, varicella, hepatitis A and/or hepatitis B titers when a patient requires evidence of immunity.

Contraindications to laboratory requisition for immunity testing:

- Patient is currently symptomatic for the disease for which immunity is being tested
- Post-exposure testing
- Patient received a vaccine < 4 weeks ago for the disease for which immunity is being tested

3. The implementers are authorized to prepare a prescription for Hepatitis A, Hepatitis B or Hepatitis A/B vaccine if the patient is 16 years of age or older and has demonstrated non-immunity to the disease(s) or lacks previous immunization to the disease(s).

Consent:Appendix Attached: No Yes

Title:

- The implementer will obtain verbal consent from the patient or legal substitute decision maker for the administration of a vaccine or injectable substance, and will explain any potential risks and benefits prior to administering the injection.
- Patient's consent for the order of titers is implied, as the patient has presented seeking proof of immunity to specific diseases and is a Family Health Team patient where interprofessional practice is expected. Patient is informed of the purpose of testing for immunity, including when results will be available, and contact information is obtained for the review of the results (if not contacted by the primary care provider).

Guidelines for Implementing the Order/Procedure:Appendix Attached: No Yes

Title: Appendix F – Laboratory Requisitions

For administration of vaccines/injectable substances:

Prior to the administration of vaccines or injectable substances, the implementer will review with the patient or patient's guardian the purpose of and any adverse effects related to the vaccines or injectable substances.

Authorized implementer may administer the vaccine or injectable substance upon receiving consent and after confirming appropriateness (according to NACI guidelines, if a vaccine).

Injections will be administered according to the administration instructions printed in the designated vaccine or injectable substance's product monograph. Universal precautions will be taken to minimize transmission of bloodborne pathogens and ensure patient and clinician safety. The implementer will use evidence-based strategies and techniques to minimize the pain of injection, as per the Clinical Practice Guidelines outlined by the Canadian Medical Association (see References).

A physician or nurse practitioner must be readily accessible on-site in the FHT for assessment and decision-making for patients who have contraindications to receiving the vaccine/injectable substance, and to provide emergency treatment should a patient experience an acute, adverse reaction to the vaccine/injectable substance. A second person (clinician or non) must also be present in the clinic, where the vaccine/injectable substance is being administered, for the purposes of safety and emergency response.

For laboratory requisition for immunity testing, implementer performs the following:

- 1) Identifies need for laboratory investigation (bloodwork)
- 2) Ensures that no recent bloodwork has been undertaken that would result in duplication of testing
- 3) Explains the purpose of the test to the patient
- 4) Generates the appropriate laboratory requisition(s) using the supervising primary care provider's/authorizer's initials
- 5) Laboratory requisition(s) is signed as per Appendix F
- 6) Sends a message in the EMR to the primary care provider indicating that a laboratory requisition has been provided
- 7) Documents that a laboratory requisition has been provided

- 8) Follows up with the results promptly when available and reviews these findings with the patient's primary care provider in a timely manner so that appropriate treatment or follow-up care is implemented*. Implementer will ensure that results are communicated to the patient and that treatment and/or follow-up testing is completed as per guidelines.

*Bloodwork results will be interpreted with caution in cases of immunodeficiency.

For prescription of Hepatitis A and B vaccines:

Prior to preparing a prescription for Hepatitis A or Hepatitis B vaccine, the implementer will assess for immunity against the other strain of hepatitis as well (e.g. provider will assess immunity against Hepatitis A if preparing prescription for Hepatitis B and vice versa). If the patient has no history of vaccination against the other strain of hepatitis or is found to be non-immune to it, the implementer will discuss with the patient vaccination for Hepatitis A or B alone vs. vaccination for Hepatitis A *and* B, including the schedule, cost and benefits/risks of each vaccine. The implementer will prepare a prescription for the vaccine of choice.

Documentation and Communication:	Appendix Attached: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Appendix G – TCFHT-MD15 Stamp
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The implementer will document administration of a vaccine in the "Immunizations" section of the patient's file in the EMR and administration of a vaccine/injectable substance in a chart note in the patient's file in the EMR using the stamp TCFHT-MD15_Vaccines_and_Injectable_Substances (see Appendix G). Information to be documented will include: brand and dose of vaccine/substance used, lot number, expiry date, area of body that is injected, route of injection and details of any adverse reaction that occurs. A physician or nurse practitioner will be alerted immediately if an adverse reaction occurs.

The implementer will advise the patient of the schedule for further doses of the vaccine or injectable substance, if applicable.

The implementer will document in the EMR that the patient was provided with a laboratory requisition for immunity testing and the disease(s) for which immunity is being tested. Documentation will include name and number of the directive.

Review and Quality Monitoring Guidelines:	Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title:
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- Review will occur annually on the anniversary of the activation date. Review will involve a collaboration between the authorizing primary care providers and the approved implementers.
- If new information becomes available between routine reviews, such as the publishing of updated Publicly Funded Immunization Schedules for Ontario or new clinical practice guidelines, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by an authorizing primary care provider and a minimum of one implementer.

- At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the procedure until it is renewed.

References:

Canadian Immunization Guide, accessible from: <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

Canadian Immunization Guide: Part 1 – Key Immunization Information: Blood products, human immunoglobulin and timing of immunization, Table 1, accessible from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-11-blood-products-human-immune-globulin-timing-immunization.html#p1c10t1>

Canadian Immunization Guide: Part 2 – Vaccine Safety: Anaphylaxis and other acute reactions following Vaccination, accessible from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html>

Canadian Immunization Guide: Part 2 – Vaccine Safety: Contraindications and precautions, accessible from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-3-contraindications-precautions-concerns.html>

Individual product monographs for vaccines and injectable substances listed

Publicly Funded Immunization Schedules for Ontario – June 2022 accessible from: <https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf>

Reducing pain during vaccine injections: clinical practice guideline, *Canadian Medical Association Journal*, accessible from: <https://www.cmaj.ca/content/cmaj/187/13/975.full.pdf>

Paris, K. And Wall, L.A. (2024). *Assessing antibody function as part of an immunologic evaluation*, accessible from: https://www.uptodate.com/contents/assessing-antibody-function-as-part-of-an-immunologic-evaluation?search=titers§ionRank=2&usage_type=default&anchor=H530391412&source=machineLearning&selectedTitle=1~150&display_rank=1#H530391412

Appendix C:

Additional Voluntary Preparation

Hepatitis A – Serology, accessible from:

<https://www.publichealthontario.ca/en/laboratory-services/test-information-index/hepatitis-a-serology>

Hepatitis B – Serology, accessible from: <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/hepatitis-b-serology>

Measles – Immunity Serology, accessible from: <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/measles-diagnostic-serology>

Mumps – Immunity Serology, accessible from: <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/mumps-immunity-serology>

Primary Care Management of Hepatitis B – Quick Reference (HBV-QR): Module 2 – Approach to HBV Screening and Testing, Overview of HBV Serological Markers, accessible from:

<https://www.canada.ca/en/public-health/services/reports-publications/primary-care-management-hepatitis-b-quick-reference.html#sec2-1>

Rubella – Immunity Serology, accessible from:

<https://www.publichealthontario.ca/en/laboratory-services/test-information-index/rubella-serology>

Varicella – Immunity Serology, accessible from: <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/varicella-serology>

Appendix D:

Contraindications and Precautions Associated with Conditions That May Present in Vaccine Candidates

Table 1: Contraindications and precautions associated with conditions that may be present in vaccine candidates

Condition	Contraindication	Precaution	Comments
Acute illness			
Gastrointestinal illness	None	Oral typhoid, cholera and travellers' diarrhea vaccines: postpone until illness has resolved Rotavirus vaccines: if moderate to severe defer until condition improves unless deferral results in scheduling first dose beyond the recommended age limit.	Refer to the vaccine-specific chapters in Part 4 for more information.
Inflammatory eye disease treated with steroids	None	First-generation smallpox vaccine: in a non-outbreak situation defer until condition resolves or course of steroids completed.	Refer to Smallpox and Mpox (Monkeypox) Vaccines in Part 4.
Measles	None	Varicella-containing vaccine: delay vaccination for 6 weeks (a minimum of 4 weeks delay can be applied if needed).	Refer to Varicella (Chickenpox) Vaccines in Part 4.
Tuberculosis, active, untreated	MMR, MMRV, monovalent varicella vaccines	None	Refer to the vaccine-specific chapters in Part 4 for more information.
Medically attended wheezing in the 7 days prior to vaccination	LAIV	None	Refer to Influenza Vaccines in Part 4.
Other moderate to severe acute illness	None	Consider risks and benefits. Expert opinion is recommended in such situations.	Refer to the vaccine-specific chapters in Part 4 for more information.
Minor illness with or without fever	None	LAIV: if significant nasal congestion is present that might impede delivery of LAIV to the nasopharyngeal mucosa non-live influenza vaccine can be administered instead.	Refer to Influenza Vaccines in Part 4.
Adverse events following previous immunization			

Table 1: Contraindications and precautions associated with conditions that may be present in vaccine candidates

Condition	Contraindication	Precaution	Comments
Anaphylaxis	Receipt of the same vaccine is often contraindicated although exceptions may apply (i.e., Imvamune [®] and mRNA COVID-19 vaccines). Consult an allergist if further vaccine doses are needed.	None	Refer to Anaphylaxis and Other Acute Reactions Following Vaccination .
Febrile seizure	None	None	Refer to Measles Vaccines in Part 4.
GBS within 6 weeks of receiving influenza vaccine or tetanus toxoid	Generally contraindicated to receive the same vaccine	If there is a history of both <i>Campylobacter</i> infection and immunization within 6 weeks before the onset of GBS, consultation with an infectious disease specialist is advised. Influenza vaccines: may need to balance the risk against that of GBS associated with influenza infection. ¹	Refer to Tetanus Toxoid and Influenza Vaccines in Part 4.
Hypotonic-hyporesponsive episode (HHE)	None	None	Refer to Pertussis (whooping cough) Vaccines in Part 4.
Oculorespiratory syndrome (ORS)	None	Influenza vaccines: need expert review if ORS episode involved lower respiratory tract.	Refer to Influenza Vaccines in Part 4.
Persistent crying	None	None	None
Extensive limb swelling (ELS)	None	None	Refer to Tetanus Toxoid in Part 4.
Arthus-type injection site reaction	None	Tetanus-containing vaccines: no further routine doses for at least 10 years.	Refer to Tetanus Toxoid in Part 4.
Syncope (fainting)	None	None but reduce likelihood by taking measures to lower stress while awaiting immunization and ensure individual is seated, or if at high risk, lying down during immunization.	Refer to Anaphylaxis and Other Acute Reactions Following Vaccination .
Allergies			
Egg allergy - anaphylactic or other	None	Rabies vaccination: Pre-exposure: use Imovax [®] Post-exposure: Imovax [®] preferred	Refer to Rabies Vaccines and Yellow Fever Vaccine in Part 4.

Table 1: Contraindications and precautions associated with conditions that may be present in vaccine candidates

Condition	Contraindication	Precaution	Comments
		but if unavailable administer RABAVERT® ensuring strict medical monitoring with readily available emergency treatment for anaphylaxis YF vaccine: should not be routinely given to egg- or chicken-allergic individuals. If required, allergy specialist referral recommended.	
Anaphylactic hypersensitivity to a specific component of the vaccine (other than egg) or its container (e.g., latex)	History of a confirmed reaction to a specific component of the vaccine or its container. Exceptions may apply (i.e., Imvamune® and mRNA COVID-19 vaccines). Refer to the vaccine-specific chapters in Part 4 for more information.	History of a suspected reaction; consultation with an expert is advised. Exceptions may apply (i.e., Imvamune® and mRNA COVID-19 vaccines). Refer to the vaccine-specific chapters in Part 4 for more information.	Refer to Anaphylaxis and other Acute Reactions following Vaccination . Refer to Contents of Immunizing Agents Authorized for Use in Canada in Part 1.
Thimerosal - delayed hypersensitivity	None	Advise that long-lasting local or systemic cutaneous reactions can occur and should report any such reaction so appropriate management can be given.	
Concurrent or recent medication including biologics			
Antibiotic therapy	None	Live oral typhoid vaccine: delay until at least 3 days after last dose of antibiotic active against <i>Salmonella typhi</i> . BCG: do not give while individuals are on anti-tuberculous drugs including fluoroquinolones.	Refer to Typhoid Vaccines in Part 4. Refer to Bacille Calmette-Guérin Vaccine in Part 4.
Antiviral therapy	None	LAIV and varicella-containing vaccines: consider timing of administration if antiviral drug active against vaccine strain.	Refer to Influenza Vaccines and Varicella (Chickenpox) Vaccines in Part 4.
Anti-coagulation	None	Intramuscular injections: use a 23 gauge or smaller needle; apply firm pressure to the injection site for ≥ 2 minutes.	Refer to Immunization of Persons with Chronic Diseases in Part 3.
Blood products containing antibodies	None	MMR, MMRV and monovalent varicella vaccines: should be	Refer to Blood Products, Human Immunoglobulin

Table 1: Contraindications and precautions associated with conditions that may be present in vaccine candidates

Condition	Contraindication	Precaution	Comments
		<p>given at least 14 days prior to blood product. If product already given recommended interval between blood product and these vaccines are vaccine and blood product specific</p> <p>Risk benefit assessment is needed for post-partum women who have received Rh immunoglobulin (RhIg) and require MMR or monovalent varicella vaccine.</p>	<p>and Timing of Immunization in Part 1.</p> <p>Refer to Immunization in Pregnancy and Breastfeeding in Part 3.</p>
<p>Salicylates</p> <ol style="list-style-type: none"> Chronic Intermittent 	<ol style="list-style-type: none"> LAIV None 	<ol style="list-style-type: none"> Varicella-containing vaccines: can be considered with close monitoring Children and adolescents should avoid salicylates following²: <ul style="list-style-type: none"> LAIV for 4 weeks Varicella-containing vaccines for 6 weeks <p>Unless a risk assessment deems that the benefits outweigh the potential risks for the individual.</p>	<p>Refer to Immunization of Persons with Chronic Diseases in Part 3.</p> <p>Refer to Influenza Vaccines and Varicella (Chickenpox) Vaccines in Part 4.</p>
Other situations, underlying condition or illness in vaccinee			
Asthma, severe ³	LAIV	None	<p>Refer to Immunization of Persons with Chronic Diseases in Part 3.</p> <p>Refer to Influenza Vaccines in Part 4.</p>
Bleeding disorder	None	<p>Ensure optimal control of bleeding prior to immunization; use a 23 gauge or smaller needle and apply pressure for ≥ 2 minutes at the injection site after immunization.</p>	<p>Refer to Immunization of Persons with Chronic Diseases in Part 3.</p>
Congenital malformation of gastro-intestinal tract, uncorrected or history of intussusception	Rotavirus vaccines due to increased risk of intussusception	None	<p>Refer to Rotavirus Vaccines in Part 4.</p>
Immuno-compromised persons	Live vaccines contraindicated if	Can give all non-live vaccines but should consider ability to mount an immune response to vaccine	<p>Refer to Immunization of Immunocompromised Persons</p>

Table 1: Contraindications and precautions associated with conditions that may be present in vaccine candidates

Condition	Contraindication	Precaution	Comments
	severely immunocompromised.	For milder degrees of immunosuppression may consider live vaccines.	
Positive tuberculin test	BCG	None	Refer to Bacille Calmette-Guérin Vaccine in Part 4.
Preterm infants	None	Hepatitis B vaccines for infants with a birth weight <1,500 grams If hospitalized, continuous respiratory and cardiac monitoring for 48 hours after 1 st immunization.	Refer to Hepatitis B Vaccines in Part 4.
Skin disorder	First and second generation smallpox vaccines are contraindicated in those with eczema (atopic dermatitis) in non-outbreak situation; Imvamune [®] (third generation) is not contraindicated and can be administered safely BCG vaccine is contraindicated if extensive skin disease or burns	For comfort, administer vaccine into non-affected area.	Refer to Bacille Calmette-Guérin Vaccines and Smallpox and Mpox (Monkeypox) Vaccines in Part 4.
Thymus disease	YF vaccine is contraindicated in persons with a history of thymus disease with abnormal immune function (e.g., thymoma, thymectomy, myasthenia gravis) ⁴		Refer to Yellow Fever Vaccine in Part 4.
Those in Close Contact of the Following Individuals			
Immuno-compromised (severe) persons	First-generation smallpox vaccine is contraindicated in non-emergency situations OPV ⁵	Influenza vaccines: use non-live influenza vaccines rather than LAIV. LAIV recipients should avoid close contact for at least two weeks after immunization OPV: avoid direct contact with immunocompromised person(s) for 6 weeks after receipt of OPV in another country Varicella-containing vaccine recipients with varicella-like rash: ensure that rash is covered	Refer to Immunization of Immunocompromised Persons in Part 3. Refer to the vaccine-specific chapters in Part 4 for more information.

Table 1: Contraindications and precautions associated with conditions that may be present in vaccine candidates

Condition	Contraindication	Precaution	Comments
		and avoid direct contact with the immunocompromised person for the duration of the rash First-generation smallpox vaccine: If required in an emergency situation must ensure isolation of vaccinee from affected household contacts until scab falls off.	
Pregnant women, infants, eczema or other exfoliative skin condition		First-generation smallpox vaccine: Defer if non-outbreak situation. If required in an emergency situation must ensure isolation of vaccinee from affected household contacts until scab falls off.	Refer to Smallpox and Mpox (Monkeypox) Vaccines in Part 4.

Footnote

1. Those who develop GBS outside the 6 week interval may receive subsequent doses of the vaccine.
2. Salicylates are avoided in these instances to decrease the risk of Reye's syndrome.
3. Severe asthma: defined as currently on oral or high dose inhaled glucocorticosteroids or active wheezing.
4. Because of an association between a history of thymus disease and acute viscerotropic disease.
5. Oral polio vaccine is neither recommended nor available in Canada.

Table 1 – Abbreviations**BCG**

Bacille Calmette-Guérin vaccine

ELS

extensive limb swelling

GBS

Guillain-Barré syndrome

HHE

hypotonic-hyporesponsive episode

Ig

Immunoglobulin

LAIV

live attenuated influenza vaccine

MMR

measles-mumps-rubella vaccine

Table 1: Contraindications and precautions associated with conditions that may be present in vaccine candidates

Condition	Contraindication	Precaution	Comments
MMRV measles-mumps-rubella-varicella vaccine			
OPV oral polio vaccine			
ORS oculorespiratory syndrome			
RV rotavirus vaccine			
Tdap tetanus toxoid, diphtheria toxoid (reduced), acellular pertussis (reduced) vaccine			
VZV varicella-zoster virus			
YF yellow fever			

(Public Health Agency of Canada, 2024)

Appendix E:**Guidelines for the Interval Between Administration of Blood Products and Live Vaccines****Table 1: Guidelines for the interval between administration of immunoglobulin (Ig) preparations or blood products and measles-mumps-rubella (MMR), measles-mumps-rubella-varicella (MMRV) or monovalent varicella vaccine to maximize immunization effectiveness**

Immunoglobulin or blood product	Dose, route	Interval between receipt of Ig or blood product and subsequent administration of MMR, MMRV or monovalent varicella vaccine (months)
Standard immunoglobulin (human) ¹		
Immunoglobulin (Ig)	0.02 – 0.06 mL/kg, IM	3
	0.25 mL/kg, IM	5
	0.50 mL/kg, IM	6
Intravenous immunoglobulin (IVIg)	300 – 400 mg/kg, IV	8
	1,000 mg/kg, IV	10
	2,000 mg/kg, IV	11
Blood transfusion products		
Plasma and platelet products	10 mL/kg, IV	7
Whole blood	10 mL/kg, IV	6
Packed red blood cells	10 mL/kg, IV	5
Reconstituted red blood cells	10 mL/kg, IV	3
Washed red blood cells ²	10 mL/kg, IV	0
Specific immunoglobulin (human)		
Cytomegalovirus immunoglobulin (CMVIg)	150 mg/kg, IV	6
Hepatitis B immunoglobulin (HBIg)	0.06 mL/kg, IM	3
Rabies immunoglobulin (RabIg)	20 IU/kg, IM	4
Rh immunoglobulin (RhIg)	300 mcg, IM	3 ³
Tetanus immunoglobulin (Tig)	250 units, IM	3

Immunoglobulin or blood product	Dose, route	Interval between receipt of Ig or blood product and subsequent administration of MMR, MMRV or monovalent varicella vaccine (months)
Varicella immunoglobulin (VarIg)	125 IU/10 kg, IM	5
Specific immunoglobulin (humanized monoclonal antibody)		
Respiratory syncytial virus monoclonal antibody (RSVAb): palivizumab	15 mg/kg/4 weeks, IM	0
Respiratory syncytial virus monoclonal antibody (RSVAb): nirsevimab	50 mg/0.5 mL/less than 5 kg, IM	0
	100mg/1 mL/greater than or equal to 5 kg, IM	
	200 mg/greater than 10 kg (2 x 100 mg/1 mL), IM	
<ol style="list-style-type: none"> 1. Ig can also be administered subcutaneously (SCIg). SCIg is primarily indicated as life-long replacement therapy in patients with primary antibody deficiencies for whom immunization with live vaccines is contraindicated. However, potential alternative indications for SCIg therapy may result in temporary use and discontinuation of therapy. Because pharmacokinetic properties of Ig G following SCIg administration have been shown to resemble those following IVIg administration, the recommended interval between the administration of SCIg and MMR, MMRV or monovalent varicella vaccines should be considered equivalent to the recommended interval after the corresponding IVIg monthly dosing. 2. washed red blood cells are infrequently used 3. refer to Rh immunoglobulin for additional information 		

(Public Health Agency of Canada, 2025)

Appendix F:

Laboratory Requisitions

Ministry of Health and Long-Term Care Laboratory Requisition Requisitioning Clinician / Practitioner		Laboratory Use Only	
Name Shari Chung			
Address 790 Bay Street Suite 300, PO Box 5 Toronto, ON M5G 1N8		Clinician/Practitioner's Contact Number for Urgent Results (416) 960-1366 Ext. _____	
Clinician/Practitioner Number 022754		Service Date yyyy mm dd _____	
CPSO / Registration No. 84616		Health Number _____	
Check (✓) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Version Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
Date of Birth yyyy mm dd 2021 05 13		Patient's Telephone Contact Number (416) 260-1315	
Additional Clinical Information (e.g. diagnosis)		Province Other Provincial Registration Number	
Patient's Last Name (as per OHIP Card) Duck		Patient's First & Middle Names (as per OHIP Card)	
Patient's Address (including Postal Code) 76 Patrick St Toronto, ON M6R 1B5		Baby	
Copy to: Clinician/Practitioner Last Name: Sturgeon First Name: Shauna Address: 790 Bay Street, Suite 522, Box 58/59, Toronto			
Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory			
x Biochemistry		x Hematology	
<input type="checkbox"/> Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting		<input type="checkbox"/> CBC	
<input type="checkbox"/> HbA1C		<input type="checkbox"/> Prothrombin Time (INR)	
<input type="checkbox"/> Creatinine (eGFR)		Immunology	
<input type="checkbox"/> Uric Acid		<input checked="" type="checkbox"/> Immune Status / Previous Exposure Specify: <input checked="" type="checkbox"/> Hepatitis A <input checked="" type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C	
<input type="checkbox"/> Sodium		<input type="checkbox"/> Pregnancy Test (Urine)	
<input type="checkbox"/> Potassium		<input checked="" type="checkbox"/> Mononucleosis Screen	
<input type="checkbox"/> ALT		<input checked="" type="checkbox"/> Rubella	
<input type="checkbox"/> Alk. Phosphatase		<input type="checkbox"/> Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)	
<input type="checkbox"/> Bilirubin		<input type="checkbox"/> Repeat Prenatal Antibodies	
<input type="checkbox"/> Albumin		Microbiology ID & Sensitivities (if warranted)	
<input type="checkbox"/> Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)		<input type="checkbox"/> Cervical	
<input type="checkbox"/> Albumin / Creatinine Ratio, Urine		<input type="checkbox"/> Vaginal	
<input type="checkbox"/> Urinalysis (Chemical)		<input type="checkbox"/> Vaginal / Rectal – Group B Strep	
<input type="checkbox"/> Neonatal Bilirubin:		<input type="checkbox"/> Chlamydia (specify source):	
Child's Age: _____ days _____ hours		<input type="checkbox"/> GC (specify source):	
Clinician/Practitioner's tel. no. _____		<input type="checkbox"/> Sputum	
Patient's 24 hr telephone no. _____		<input type="checkbox"/> Throat	
Therapeutic Drug Monitoring:		<input type="checkbox"/> Wound (specify source):	
Name of Drug #1		<input type="checkbox"/> Urine	
Name of Drug #2		<input type="checkbox"/> Stool Culture	
Time Collected #1 hr. #2 hr.		<input type="checkbox"/> Stool Ova & Parasites	
Time of Last Dose #1 hr. #2 hr.		<input type="checkbox"/> Other Swabs / Pus (specify source):	
Time of Next Dose #1 hr. #2 hr.			
Specimen Collection			
Time _____ 24 hour clock		Date _____ yyyy/mm/dd	
Fecal Occult Blood Test (FOBT) (check one)			
<input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form			
Laboratory Use Only			
I hereby certify the tests ordered are not for registered in or out patients of a hospital.			
Nazneen Patel, RN Registered Nurse as per Medical Directive MD-15 TCFHT			
x _____		10/10/2024	
Clinician/Practitioner Signature		Date	

General Test Requisition



ALL sections of the form must be completed by **authorized** health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that **all testing requirements** are met before collecting a specimen. For **HIV, respiratory viruses, or culture isolate** requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

For Public Health Ontario's laboratory use only:
 Date Received (yyyy-mm-dd): PHO Lab No.:

Ordering Healthcare Provider Information
 Licence No.: Healthcare Provider Full Name:
 022754 Shari Chung
 Org. Name: Taddle Creek FHT Address: ... Bay Street Suite 522
 City: Toronto Postal Code: M5G 1N8 Province: ON
 Tel: 416-591-1222 Fax: 416-591-1227

Patient Information
 Health Card No.: ON 9259 179 134 NG
 Date of Birth (yyyy-mm-dd): Sex: Male Female
 Medical Record No.: 15343
 Last Name (per health card): Duck
 First Name (per health card): Baby
 Address: 76 Patrick St 306 Postal Code: M6R1B5
 City: Toronto Tel: 1-416-260-1316 (M)

Copy to Lab / Health Unit / Other Authorized Healthcare Provider
 Licence No.: Lab / Health Unit / Other Authorized Provider Name:
 Org. Name: Address:
 City: Postal Code: Province:
 Tel: Fax:

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Patient Setting
 Clinic / Community ER (Not Admitted / Not Yet Determined) ER (Admitted)
 Inpatient (Non-ICU) ICU / CCU Congregate Living Setting

Specimen Information
 ★ Date Collected (yyyy-mm-dd): Submitter Lab No.:
 Whole Blood Serum Plasma
 Bone Marrow Cerebrospinal Fluid (CSF) Nasopharyngeal Swab (NPS)
 Oropharyngeal / Throat Swab Sputum Bronchoalveolar Lavage (BAL)
 Endocervical Swab Vaginal Swab Urethral Swab
 Urine Rectal Swab Faeces
 Other (Specify type AND body location):

Testing Indication(s) / Criteria
 Diagnosis Screening Immune Status Follow-up / Convalescent
 Pregnancy / Perinatal Impaired Immunity Post-mortem
 Other (Specify):

Test(s) Requested
 Enter each assay as per the publichealthontario.ca/testdirectory:

Signs / Symptoms
 No Signs / Symptoms ★ Onset Date (yyyy-mm-dd):
 Fever Rash STI
 Gastrointestinal Respiratory Hepatitis Meningitis / Encephalitis
 Other (Specify):

1. Measles IgG immune status
 2. Mumps IgG immune status
 3. Varicella IgG immune status
 4.
 5.
 6.

Relevant Exposure(s)
 None / Not Applicable Most Recent Date (yyyy-mm-dd):
 Occupational Exposure / Needlestick Injury (Specify): Source Exposed
 Other (Specify):

For routine hepatitis A, B or C serology, complete this section instead:
Hepatitis A Immune Status (HAV IgG) Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B Immune Status (anti-HBs) Chronic Infection (HBsAg + total anti-HBc)
 Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C Current / Past Infection (HCV total antibodies)
 No immune status test for HCV is currently available.

Relevant Travel(s)
 None / Not Applicable Most Recent Date (yyyy-mm-dd):
 Travel Details:

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-8556 or toll free 1-877-604-4567, F-SD-SCG-1000, version 004 (September 2023).



Appendix G:**TCFHT-MD15 Stamp**

S: Requires • «vaccine»«injection»«, last dose given •»

- No adverse reaction to past immunizations/injections
- «NKDA»«Allergies to • noted/updated in pt profile»
- «- Not immunocompromised»«, not pregnant»

O/E:

- Well«; afebrile, no rashes, no severe/acute illness»

A:

- Reviewed possible side effects
- «Immunization»«Injection» administered «tandem»«3:1» as per details below, pt tolerated well
- «- Distraction methods used»
- «- Topical anaesthetic applied to skin 20 mins prior to injection»

P:

- Advised pt to wait X 15 mins post-injection for observation; no adverse reaction reported
- «- Pt aware to RTC in • for «next injection»«• dose of •»

*actions and interventions in accordance with Medical Directive TCFHT-MD15